

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CG	49	1-10
O.I.P.E. CLASSIFIER	(D)	71098	1/21/00
FORMALITY REVIEW		272	
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

Claim	Date
Final	
Original	
1	1/2/00
2	1/2/00
3	1/2/00
4	1/2/00
5	1/2/00
6	1/2/00
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8	1/2/00
9	1/2/00
10	1/2/00
11	1/2/00
12	1/2/00
13	1/2/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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